

**2021 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L20000126845

**Entity Name:** TOTAL BODY REGENERATION LLC

**Current Principal Place of Business:**

113 GREEN COVE CT.  
KISSIMMEE, FL 34743

**Current Mailing Address:**

113 GREEN COVE CT.  
KISSIMMEE, FL 34743 US

**FEI Number: 85-1654073**

**Certificate of Status Desired: Yes**

**Name and Address of Current Registered Agent:**

ESCANDER, NICHOLAS  
113 GREEN COVE CT.  
KISSIMMEE, FL 34743 US

*The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.*

**SIGNATURE:** \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

**Authorized Person(s) Detail :**

Title	MGR	Title	MGR
Name	NICHOLAS, ESCANDER	Name	ESCANDER, ADRIANA
Address	113 GREEN COVE CT.	Address	113 GREEN COVE CT.
City-State-Zip:	KISSIMMEE FL 34743	City-State-Zip:	KISSIMMEE FL 34743

*I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 605, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.*

**SIGNATURE: NICHOLAS ESCANDER**

**MANAGER**

**04/23/2021**

\_\_\_\_\_  
Electronic Signature of Signing Authorized Person(s) Detail

\_\_\_\_\_  
Date